

## CALIFORNIA LIQUID WASTE HAULER RECORD

STATE WATER RESOURCES CONTROL BOARD  
STATE DEPARTMENT OF HEALTH

SFUND RECORDS CTR

999000492

## PRODUCER OF WASTE (Must be filled by producer)

Name (print or type): Washco Code No.   Pick up Address: 13344 S MainTelephone Number: (213) 327-2774 (City) Los Angeles (State) CA (Zip) 90045 O. or Contract No.   Order Placed By:    Date: 1-8-80Type of Process which Produced Wastes: Code No.     
(Examples: metal plating, equipment cleaning, oil drilling—Code No. waste water treatment, pickling bath, petroleum refining)

## DESCRIPTION OF WASTE (Must be filled by producer)

Check type of wastes:

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Acid solution           | 8. <input type="checkbox"/> Tank bottom sediment        |
| 2. <input type="checkbox"/> Alkaline solution       | 9. <input type="checkbox"/> Oil                         |
| 3. <input type="checkbox"/> Pesticides              | 10. <input type="checkbox"/> Drilline mud               |
| 4. <input type="checkbox"/> Paint sludge            | 11. <input type="checkbox"/> Contaminated soil and sand |
| 5. <input type="checkbox"/> Solvent                 | 12. <input type="checkbox"/> Gannery waste              |
| 6. <input type="checkbox"/> Tetramethyl lead sludge | 13. <input type="checkbox"/> Water waste                |
| 7. <input type="checkbox"/> Chemical toilet wastes  | 14. <input type="checkbox"/> Sludge and water           |
|   | 15. <input type="checkbox"/> Brine                      |

☐ Other (Specify)    Code No.   

## Components:

(Examples: Hydrochloric acid, lime, caustic soda, phenolics, solvents (list), metals (list), organics (list), cyanide)

	Upper	Lower	Concentration: %	ppm
1. <u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>
2. <u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>
3. <u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>
4. <u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>
5. <u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>
6. <u>  </u>	<u>  </u>	<u>  </u>	<input type="checkbox"/>	<input type="checkbox"/>

## Hazardous Properties of Waste:

pH    ☐ none ☐ toxic ☐ flammable ☐ corrosive ☐ explosive

Bulk Volume: 4,560 ☒ gal ☐ tons ☐ barrels (42 gal) ☐ other (specify)   

Containers: (Number)    ☐ drums ☐ cartons ☐ bags ☐ other (specify)   

Physical State: ☐ solid ☐ liquid ☐ sludge ☐ other (specify)   

Special Handling Instructions (if any):   

The waste is described to the best of my ability and it was delivered to a licensed liquid waste hauler (if applicable).

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title   

## HAULER OF WASTE (Must be filled by hauler)

Name (print or type): Superior Industrial Pumping Code No.   Business Address: 2501 1/2 W. Manchester Ave. (City) Ing.Telephone Number: 778-7842 Pick Up:    (Date)    Time:    ☐ am ☐ pmState Liquid Waste Hauler's Registration No. (if applicable): 483Job No.: 00998 No. of Loads or Trips:    Unit No.:   Vehicle: ☐ Vacuum truck ☐ barrels, ☐ flatbed, ☐ other    (specify)   

The described waste was hauled by me to the disposal facility named below and was accepted.

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title   

## DISPOSER OF WASTE (Must be filled by disposer)

Name (print or type): OPERATING INDUSTRIES INC. Code No.   Site Address: 2425 So. Garfield Ave. Code No.   

The hauler above delivered the described waste to this disposal facility and it was an acceptable material under the terms of RWQCB requirements, State Department of Health regulations, and local restrictions.

Quantity measured at site (if applicable):    State fee (if any):   

## Handling Method(s):

- ☐ recovery
- ☐ treatment (specify):    Code No.
- ☐ disposal (specify): ☐ pond ☐ spreading ☒ landfill ☐ injection well ☐ other (specify):    Code No.

If waste is held for disposal elsewhere specify final location:   Disposal Date: 1-20-80

I certify (or declare) under penalty of perjury that the foregoing is true and correct.

Signature of authorized agent and title   

The site operator shall submit a legible copy of each completed Record to the State Department of Health with monthly fee reports.

No. 062  
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FOR INFORMATION RELATED TO SPILLS OR OTHER EMERGENCIES INVOLVING HAZARDOUS WASTE OR OTHER MATERIALS CALL (800) 424-9300.

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